



Address/Name Change

Wisconsin Department
of Employee Trust Funds
801 W Badger Road
PO Box 7931
Madison WI 53707-7931

1-877-533-5020 (toll free)
Fax 608-267-4549
etf.wi.gov

Please print

1. Information About You	
Your name (Last, First, MI)	DOB (MM/DD/CCYY)
Your SSN or ETF Member ID	(For Beneficiaries only) original participant's SSN or ETF Member ID
Current or new mailing address (street address including apartment or P.O. Box)	
2 nd address line	
(City, state, ZIP code)	(Foreign country, if applicable)
<input type="checkbox"/> Check here if this is an address change and provide your previous address below.	<input type="checkbox"/> Effective immediately <input type="checkbox"/> Effective on: ___/___/___
Previous mailing address (street address including apartment or P.O. Box)	
2 nd address line	
(City, state, ZIP code)	(Foreign country, if applicable)
2. Name Change <small>(leave this section blank if not applicable)</small>	
Change name from (last, first, MI)	
Change name to (last, first, MI)	
3. Contact Information	
Daytime phone number (including area code)	Alternate phone number (including area code)
E-mail address	
4. Authorization	
By signing, you authorize ETF to update your account with the information provided above.	
Your signature (required)	Today's date (MM/DD/CCYY)

Mail or fax the completed form to ETF.

